



Celina Fire Department Fire Prevention Division

302 W. Walnut Street
Celina, Texas 75009
Phone 972-382-2653

Fire Alarm Plan Review Requirements and Checklist

CONTRACTOR INFORMATION	PROJECT INFORMATION
Name:	Name:
Address:	Address: Suite #
City, State & Zip:	City, State & Zip:
ACR #:	

First Submittal (Check One) <input type="checkbox"/>	Re-Submittal (Plans Rejected) <input type="checkbox"/>	Additional Submittal (Devices Added, Removed or Relocated) <input type="checkbox"/>	
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Reference Notes:

- Use this checklist when adding new and/or relocating existing initiating, indicating & releasing devices or fire system related panels.
- Use this checklist when installing fire alarm panels, voice EVAC panels and transponders.
- Installation of one fire system related panel WILL require a cut sheet and battery calculations.
- A full set of plans and equipment submittals are required. (Exclude equipment list if only relocating).
- Scope of work by fire alarm contractor must be included with plans.
- Refer to the 2006 Edition of the IBC, IFC, IMC and The City of Celina Fire Alarm installation guide for specific fire alarm requirements. The City of Celina has adopted the 2005 edition of the NEC.
- If capable please provide plans with color coded circuits.
- Provide a 20% safety factor on all NAC circuits. **2006 IFC 907.10.1.2**

FEES

- Plan Submittal Fee is \$ 150.00 and \$ 50.00 for each additional floor. (Example (5) story building: \$ 150.00 + (4 floors x \$50.00 = \$ 200.00) = \$ 350.00) This includes a permit, plan review, pre-test wiring inspection, and final inspection. Re-inspection fee due to test failure is \$250. After hours fee is \$50 an hour with a 2 hour minimum.

All plans shall be folded to fit an 8 ½” X 11” folder. Rolls may be accepted on large projects only. The planner shall mark with an “X” beside each line below to indicate the information is included with the submittal or indicate with “N/A” if not applicable. **INCOMPLETE PERMIT APPLICATIONS WILL BE RETURNED WITHOUT A REVIEW.**

Provide the following on all plan sheets (3 Sets required)

- ____ 1. Company Name, Address, City, State & Zip, Phone Number and State Registration Number
- ____ 2. Planner's Name, License Number and Original Signature
- ____ 3. Project Name, Address, City, State & Zip
- ____ 4. Scale (1/8" = 1' Minimum, 1/16" = 1' Acceptable for Large Buildings)
- ____ 5. Identification of areas that are "Not in Contract"
- ____ 6. Room Identification as to use
- ____ 7. Ceiling Construction and Height (if Devices are Ceiling Mounted)
- ____ 8. Point-to-Point Wiring from Fire Related Panels to all Devices
- ____ 9. Zone or Address Point Identification of Initiating Devices
- ____ 10. Circuit Identification of Indicating and Releasing Devices
- ____ 11. Strobe Candela Rating
- ____ 12. Speaker Voltage and Tap Information
- ____ 13. "Cloud", or Indicate, Revisions on Re-submittal or Additional Submittal

Provide the Following on One Plan Sheet (3 Required):

- ____ 14. Occupancy Classification and Occupant Load
- ____ 15. Indicate New or Existing Building
- ____ 16. Fully Sprinkled or Not
- ____ 17. Conductor Types and Gauges
- ____ 18. Conduit Types and Sizes
- ____ 19. Symbol Legend – quantities of each device
- ____ 20. Schematic Riser Diagram
- ____ 21. Input/Output Matrix or Narrative Defining the Sequence of Events
- ____ 22. Description of System Monitoring

Provide the Following for the Equipment Submittal (3 Sets Required):

- ____ 23. Cover Sheet Indicating Name, Address, City, State & Zip and Permit Number of the Project
- ____ 24. Scope of Work
- ____ 25. Manufacturer Cut Sheet for all Fire Related Panels, Wire and all Devices Indicating the Applicable Current Draw, Decibel Rating, etc. Identify with Arrow or otherwise indicate which Model will be installed
- ____ 26. Battery Calculations for all Fire System Related Panels
- ____ 27. Voltage Drop Calculations for Indicating and Releasing Devices
- ____ 28. Amplifier Load Calculations
- ____ 29. U.L. Compatibility Listing between System Components and the FACP

I hereby certify that this submittal contains the above information as required by the City of Celina fire codes and standards.

Signature: _____

APS# _____ **or P.E. #** _____

(Must be signed by the same Person who Signed Plans)

Print Name: _____

Telephone #: _____

Any omission by the Fire Inspector should not be misinterpreted as permission to install a system incorrectly.

Upon arrival of Fire Inspector for acceptance testing:

- Fire alarm contractor will provide a ladder for the inspector's use.
- Ceiling tile shall be removed nearest each fire alarm device for inspection.
- All fire alarm testing will be performed on battery power.
- After hours testing available for \$50 per hour with a 2 hour minimum.